

King County Regional Health Improvement Work Group Meeting Summary

November 19, 2015, 12:00 – 2:00 pm

ATTENDANCE

<input checked="" type="checkbox"/> Sarah Addison – Sea Mar CHC	<input type="checkbox"/> Kristine Lee – Amerigroup WA
<input checked="" type="checkbox"/> Gloria Albetta – Public Health-Seattle & King County	<input checked="" type="checkbox"/> Cheryl Markham – King County DCHS
<input checked="" type="checkbox"/> Susan Amberson – Neighborcare	<input checked="" type="checkbox"/> Laurie McVay – Public Health-Seattle & King County
<input checked="" type="checkbox"/> Erica Azcueta – City of Auburn	<input checked="" type="checkbox"/> Mary Shaw – United Way
<input checked="" type="checkbox"/> Tizzy Bennett – Seattle Children’s Hospital (phone)	<input checked="" type="checkbox"/> Aren Sparck – Seattle Indian Health Board
<input type="checkbox"/> Lois Bernstein – MultiCare	<input checked="" type="checkbox"/> Lee Thornhill – Public Health-Seattle & King County
<input checked="" type="checkbox"/> Alaric Bien – City of Redmond	<input checked="" type="checkbox"/> Kim Tully – Solid Ground
<input type="checkbox"/> Lydia Chwastiak – UW/Harborview	<input checked="" type="checkbox"/> Janna Wilson – Public Health-Seattle & King County
<input checked="" type="checkbox"/> Shelley Cooper-Ashford – Center for MultiCultural Health	<input checked="" type="checkbox"/> Andrea Yip – Aging & Disability, City of Seattle
<input type="checkbox"/> Federico Cruz-Urbe – Sea Mar CHC	<input checked="" type="checkbox"/> Wendy Watanabe – Watanabe Consultation

KEY POINTS & DECISIONS

WELCOME, OBJECTIVES, AND AGENDA REVIEW

Gloria welcomed the Work Group members and guests. Gloria acknowledged Lee Thornhill, Social Research Scientist, with Public Health. Lee joined the meeting to orient RHIP members to the King County Accountable Community of Health’s Performance Measurement Work Group. After introductions, Wendy reviewed the meeting objectives:

- Provide updates from the ACH ILC, Performance Measurement work group, and the Consumer/Community Voice ad hoc Committee
- Discuss revised outline for a future regional health improvement plan
- Identify and agree on what to take to the ACH Interim Leadership Council for their review and feedback

ACH ILC RELEVANT UPDATES

Janna Wilson shared a few updates on the ACH Interim Leadership Council (ILC)

- The ILC is hiring a consultant team to assist with development of an adjusted governance structure, and the ILC will engage in this work in the first half of 2016. As a result, there may be revisions to the ILC work plan that could affect the work of the RHIP; more to come.
- The Center for Community Health and Evaluation (CCHE) has been hired by the Washington State Health Care Authority (HCA) to conduct a state-wide evaluation of the ACH initiative. At the last ILC meeting, CCHE representatives reviewed two charts that were included in the agenda packet, Measuring the Chain of Impact and Theory of Change Model. The Theory of Change model depicts how regional health improvement plans are designed to help set priorities and articulate the priority health issues facing the region that, in cyclical fashion, are then addressed via initiatives which are evaluated and eventually drive changes in policy, practice, and systems. The Theory of Change illustrates how the work of the RHIP group fits within the larger King County ACH framework.

Shelley Cooper-Ashford spoke about her RHIP update at the ILC meeting. She introduced the Robert Wood Johnson (RWJ) “Culture of Health” framework as a foundation for the development of a King County regional health improvement plan.

ACH PERFORMANCE MEASUREMENT WORK GROUP UPDATE

Lee Thornhill briefed the group on the Performance Measurement Work Group (PMW):

- The PMW table includes representatives from King County departments, City of Seattle, managed care organizations, and cross-sector IT representatives, analysts, and privacy officers. They have a rotating co-chair.
- Their scope includes two primary issues: developing an approach for meeting data, information, and evaluation needs of cross-sector groups and initiatives of the ACH; and, overcoming the barriers of data sharing (cultural, technical, privacy, legal) and data fragmentation (sector/organization/department centered silos of data).
- Lee reviewed two slides that represent the current state of data sharing and the challenges faced by the PMW:
 - The first provided a very high level view of what data currently exists within Washington State, King County, and the non-profit and private sectors; where data is currently being shared and what efforts are in process to share more data.
 - The next slide looked more closely at the four current priority initiatives that are informing ACH development (Communities of Opportunity, Housing-Health Partnership, Familiar Faces, and Physical/Behavioral Health Integration), the nature of data sharing needed within each initiative, and a list of what access has been established, what is in process, and what is absent.
- The PMW is currently working on a project, via a Robert Wood Johnson Foundation Public Health Services and Systems Research grant that looks at how the ACH helps or hinders the ability to develop shared data systems that improve care coordination and outcomes for Familiar Faces. They are also applying for two additional RWJ grants to fund more projects related to cross-sector data sharing and evaluation
- Questions and concerns that arose in discussion included:
 - Measures: the need for indicator categories by age group to ensure that children and youth are considered, and the need for common measures across sectors. Lee clarified that the PMW is currently focused on what data is needed and how to share it, not with the selection of measures.
 - The disparity between the amount of work that needs to be done and the lack of resources to accomplish the goals. Data integration must be a high priority activity. RHIP members expressed concern about lack of adequate funding for the KC ACH and sustainability of efforts.

ACH CONSUMER/COMMUNITY VOICE AD-HOC COMMITTEE UPDATE

Shelley Cooper-Ashford briefed the group on the last meeting of the King ACH Consumer/Community Voice Ad-hoc Committee (CCV):

- The purpose of the CCV ad-hoc committee is to ensure authentic community voices and engagement at the ACH tables. Recognizing the lack of funding is a major obstacle the CCV will focus in the near-term on opportunities to go to existing groups, where opportunities/interest arise, to discuss the ACH and opportunities to get involved. Shelley noted that she would be convening a roundtable discussion with the Healthy King County Coalition members, for example. This will be an opportunity to create ACH speaking points and communication tools that could be used by others.
- Discussion followed on how we ensure a feedback loop with ILC members and community members. Important to acknowledge what we heard from community members, and do our due diligence by touching base more than once on what was done with community feedback.

RHIP OUTLINE & FRAMEWORK REVIEW

Wendy led the group in a review and confirmation of the small group input on the RHIP outline and framework from the October 15 meeting:

- Feedback was incorporated into the draft outline included in the meeting materials.
- The following revisions were agreed upon:
 - Changing the language for the “Culture of Health Action Framework” graphic Action Area 1 from “Making health a shared value” to “Making health and health equity a shared value”
 - Funding mechanisms and sustainability key to any initiative’s success.
 - Defining terms (e.g. ‘equity’, ‘consumer’) needs to be included so that we are all speaking the same language.
 - Changes to examples included in Section 5:
 - Adding “Age Friendly Communities” under Examples for Action Area 2
 - There was a general acknowledgement that many of the initiatives could fit under more than one of the Action Areas.
 - The **BOLD** initiatives listed in section 5 are currently in process. These are a starter set of how the Culture of Health Action Framework is put into action. Because of funding issues, the examples should be limited to what is currently underway and/or does not require any additional funding.

NEXT STEPS

- Janna and Gloria will flesh out the outline a bit more for a final review by the group. The ILC Steering Committee will meet on November 20 and will discuss topics for the December ILC meeting, including a potential deep dive into the RHIP outline, if there is time on the December agenda. The December 17 meeting for the RHIP work group will remain on the books until further notice.
- Members would find the following helpful in upcoming meetings:
 - Include information on how ‘updates from around the state’ impact the RHIP work
 - More information about the 1115 waiver and integrated behavioral health
 - A ‘healthcare 101 primer’ and/or a terms glossary would be useful for work group members representing sectors outside of the healthcare sector.

Next Meeting: January 21, 2016, 12:00 – 2:00 pm. Light refreshments will be served.

Please email hhstransformation@kingcounty.gov if you are unable to attend.